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SERIAL NUMBER 10/662,036	FILING OR 371(c) DATE 09/11/2003 RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO.
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APPLICANTS

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**** CONTINUING DATA *******

This application is a REI of 09/472,743 12/27/1999 PAT 6,289,515 which claims benefit of 60/118,543 02/04/1999

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/11/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature Initials		
STATE OR COUNTRY OR	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3

ADDRESS

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TITLE

Ergonomic fielding glove

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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